



Springfield  
POLICE

## RIDE-ALONG REQUEST

### Instructions:

**Non-Host Ride-Along Requests:** Submit the completed request to the UOB Administration Office for processing.

**Officer Sponsored Ride-Along Requests:** Submit the completed request to the squad sergeant for approval. If approved, the squad sergeant will forward the completed request to the UOB Administration Office for processing.

**News Media Requests:** Submit all news media ride-along requests to the Public Affairs Officer for approval. Final approval for all news media ride-along requests will be made by the Chief of Police.

**Background / Wanted Checks:** The UOD Administration Office will be responsible for all Background/Wanted Checks.

**Rider Signature/Liability Release:** Assigned Officers are responsible for ensuring this request/liability release is signed prior to the beginning of the ride-along.

**Dress Code:** Riders **SHALL** wear appropriate attire for the duration of the ride-along. This shall consist of casual skirts or slacks and blouses for women and casual slacks and shirts for men. Shirts shall have collars and sleeves. Blue jeans, sweats, shorts, or attire with vulgar, rude or offensive logos are prohibited.

Sponsoring Officer's Name:		DSN:	Requested Ride Date:	
Has the Requesting Party Ridden Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Has it been within the Last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Last Ride-Along:				
Will the Requesting Party be Riding With You: <input type="checkbox"/> Yes <input type="checkbox"/> No if "No" complete District/Squad and Shift Information		District or Squad Requested: <input type="checkbox"/> North <input type="checkbox"/> South Squad #		
Shift Requested: <input type="checkbox"/> First (0700-1700) <input type="checkbox"/> Overlap (1130-2130) <input type="checkbox"/> Second (1700-0300) <input type="checkbox"/> Third (2130-0730)	Reason for Request:			
Legal Name of Rider:		Complete Address: (Street, City, State and Zip Code)		
Phone Number: (Area Code and Number)		Date of Birth:		Social Security Number:
State and Number of Driver's License:		Email Address:		
Emergency Contact:		Emergency Contact Phone Number:		
Select one of the following statements that best describes the rider, if not applicable select "OTHER" and Identify: <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> SPD Recruit Officer <input type="checkbox"/> SPD Cadet <input type="checkbox"/> SPD Volunteer <input type="checkbox"/> SPD Intern <input type="checkbox"/> SPD Employee <input type="checkbox"/> City Employee <input type="checkbox"/> **News Media <input type="checkbox"/> Officer's Family <input type="checkbox"/> Other: Identify:				

### \*\*News Media Request Information

Name of Requesting News Media Agency:	Requested Ride-Along Duration:
Specific Purpose for Ride-Along:	

I have requested permission to accompany Springfield Police Officers in the performance of their duties, both inside police vehicles and outside such vehicles. I have been advised of the various dangers involved in police work, and specifically advised that police vehicles are frequently operated under emergency conditions. I have also been advised that accompanying police officers in the performance of their duties may expose me to various and sundry perils to life and limb, due to the actions of criminal suspects, prisoners, and others.

Having been fully advised of the inherent danger in the activities in which I propose to engage, I do hereby release, remise, give up, and abandon each and every claim, cause of action, or other right, which I may now or hereafter have against the City of Springfield, Missouri, or any officer, agent, employee, or servant thereof, or any department, bureau, division, section, unit or officer of said city, resulting or to result from my accompanying Springfield police officers in the performance of their duties, whether in a police vehicle or in any other situation. This release is given in consideration of my being allowed to accompany the Springfield police officers. I agree, as a condition of being granted these privileges, to promptly and expeditiously obey all orders of Springfield police officers.

**THE INFORMATION ON THIS REQUEST IS CORRECT. I HAVE NEVER BEEN ARRESTED FOR A FELONY CRIME.**

**I ALSO UNDERSTAND I AM NOT ALLOWED TO CARRY ANY WEAPONS OR USE ANY TYPE OF RECORDING DEVICE DURING THE RIDE ALONG.**

Signature of Requesting Party:	Date:
Signature of Parent or Guardian if Requesting Party is Under 18:	Date:

#### OFFICE USE ONLY

##### Officer Sponsored Requests

Background / Wanted Checks Performed? ☐ Yes, Information Attached ☐ No

Request is: ☐ Approved ☐ Denied

Request Approved by: UOB Sergeant (or Designee)

Request is: ☐ Approved ☐ Denied

Request Approved By: UOB Commander (or Designee)

Special Instructions:

##### News Media Requests

Background / Wanted Checks Performed? ☐ Yes, Information Attached ☐ No

Request is: ☐ Approved ☐ Denied

Request Approved by: Public Affairs Officer (or Designee)

Request is: ☐ Approved ☐ Denied

Request Approved by: Chief of Police (or Designee)

Special Instructions:

**Sergeants: Complete the following information and return to the UOB Administration Office after the ride has been completed.**

Name of Host Officer:	DSN:	Beat:	Radio Number:	Assigned Date:	Day of Week:
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